

**The following is checklist to assist in the predeployment phase of your processing. All forms mentioned below can be obtained from the UDC Website.**

\_\_\_\_\_ Security Clearance (Start within 48 hours of notification of assignment)

\_\_\_\_\_ Passport (Start within 48 hours of notification of assignment) Military can deploy without a passport but it is recommended you have one.

\_\_\_\_\_ Itinerary (Can be made anytime after notification of assignment)

\_\_\_\_\_ Government Credit Card

**ADMINISTRATIVE (Should be accomplished within one week after notification of assignment)**

\_\_\_\_\_ Log on to EngLink and update your Personal and Record of Emergency Data

\_\_\_\_\_ Direct Deposit Form.

\_\_\_\_\_ DD Form 93 Record of Emergency Data

\_\_\_\_\_ Complete a Family Care Plan if applicable.

**PREDEPLOYMENT TRAINING (Should be completed within one week after notification of assignment):**

\_\_\_\_\_ Anti-Terrorism Force Protection Training

\_\_\_\_\_ Subversion and Espionage Directed Against the Army (SAEDA)

\_\_\_\_\_ Human Trafficking

\_\_\_\_\_ Composite Risk Management

\_\_\_\_\_ Report Intelligence Activity

\_\_\_\_\_ Personnel Recovery Training

\_\_\_\_\_ Personal Recovery PRO-file

\_\_\_\_\_ Cultural Training (IRAQ/AFGHANISTAN)

\_\_\_\_\_ Operation Security (OPSEC)

\_\_\_\_\_ Army Accident Avoidance Course

\_\_\_\_\_ Information Awareness Certificate

## **WEAPONS QUALIFICATION**

\_\_\_\_\_ All active and reserve military personnel must have a current (within one month) weapons qualification prior to reporting to the UDC. If this cannot be done, weapons qualification can be conducted while attending the UDC.

## **INFORMATION MANAGEMENT (Within two weeks after notification of assignment)**

\_\_\_\_\_ Ensure you have a valid AKO Account and **KNOW YOUR USER NAME/PASSWORD.**

\_\_\_\_\_ System Authorization Access Request Form.

**MEDICAL (Medical appointments should be made within 48 hours after notification of your assignment) Ensure you print off this part of your checklist and take it with you to your doctor to ensure all medical tests are completed.**

**\* If you are having your physical done at a military installation, you can be certified for deployment if a military doctor signs off on page three of a DA Form 7425. Otherwise the following needs to be completed and sent in for the UDC Doctor to approve your deployment:**

## **MEDICAL FORMS**

\_\_\_\_\_ DD Form 2808, Report of Medical Exam

\_\_\_\_\_ DD Form 2807-1, Report of Medical History

\_\_\_\_\_ DD Form 2795, (needs to be filled out electronically through AKO).

\_\_\_\_\_ DD Form 2813, Report of Dental Exam

\_\_\_\_\_ DD Form 771, Eyewear Prescription. If you do not require glasses, write at the bottom of the form, "glasses not required"

\_\_\_\_\_ OSHA Respiratory Medical Evaluation Questionnaire

**LABS:**

- \_\_\_\_\_ Urinalysis (Routine), not a drug screening
- \_\_\_\_\_ Chem 7
- \_\_\_\_\_ CBC
- \_\_\_\_\_ LIPID Profile (over 40 years of age)
- \_\_\_\_\_ G6PD (must have a normal result with taking anti-malaria medication)
- \_\_\_\_\_ Blood Type/RH
- \_\_\_\_\_ HIV
- \_\_\_\_\_ DNA on File (Not always possible)

**OTHER REQUIRED TESTS:**

- \_\_\_\_\_ EKG (if over 40 years of age).
- \_\_\_\_\_ Audiogram (Can be annotated on the DD Form 2808

**Females**

- \_\_\_\_\_ \*PAP smear (within one year) (Actual lab report).
- \_\_\_\_\_ \*Mammogram (within two years if over 40 and within one year if over 50)  
(Actual Radiologist Report).
- \_\_\_\_\_ Pregnancy test or waiver required upon arrival at the UDC.

**IMMUNIZATIONS**

- \_\_\_\_\_ ANTHRAX
- \_\_\_\_\_ HEPATITIS A
- \_\_\_\_\_ HEPATITIS B
- \_\_\_\_\_ INFLUENZA

\_\_\_\_\_ MMR (Measles, Mumps, Rubella) (As an adult, once in a lifetime). People born before 1957 do not require a MMR vaccine. MMR should be given either simultaneously or 30 days before receiving anticipated smallpox vaccination.

\_\_\_\_\_ POLIO (oral or IM) (As an adult, once in a lifetime)

\_\_\_\_\_ SMALLPOX (Administration per the latest DoD Guidance) required every 10 years. Must complete [Smallpox Vaccination Pre-Screening Form](#) and have it reviewed by a Health Care Provider at the UDC site prior to receiving immunization.

\_\_\_\_\_ TETANUS / DIPHTHERIA

\_\_\_\_\_ TUBERCULIN SKIN TEST (PPD)

\_\_\_\_\_ TYPHOID